



DIVISION OF DEVELOPMENTAL DISABILITIES

NOTIFICATION OF WAIVER RESPITE CARE ASSESSMENT

RE:

FOLD HERE FOR WINDOW ENVELOPE

Dear:

This letter is to notify you of a change in how the Division of Developmental Disabilities (DDD) determines the amount of respite care available in the Basic and Basic Plus Waivers. The change will go into effect September 1, 2004. DDD will use a new assessment to determine the amount of respite care your caregiver may receive.

- No longer will the cost of respite care count against the dollar limits in the Basic and Basic Plus waivers. The limit for respite will be the hours determined by the assessment.
- This respite assessment will be completed at least every twelve (12) months at the time of your annual CARE assessment/reassessment and Plan of Care.
- Until your next CARE assessment, the amount of respite care available will remain the same as authorized in your current service plan.

How is the assessment completed?

The waiver respite assessment is administered by department staff during an in-person interview with you if you choose to be present, and at least one other person with knowledge of you, such as your primary caregiver.

Who provides the information for the assessment?

The respondent for your respite assessment must be an adult who is well acquainted with you and able to provide the information needed to complete the assessment, such as your primary caregiver. You cannot be the respondent for your own respite assessment.

How are hours determined from the assessment?

The response to the respite assessment are converted to a maximum number of respite hours your caregiver is authorized to receive. You may use as many respite hours as you need, up to your assessed respite allocation.

How will I know how many respite hours I have?

Your respite care allocation will be written into your plan of care as a separate, authorized service.

Can I appeal this determination of hours?

You have fair hearing rights regarding the results of the Waiver Respite Assessment. The fair hearing rights will be provided as part of the POC, as this process determines the amount of service available on the POC.

Please call if you have questions or concerns.

CASE RESOURCE MANAGER NAME

TITLE

TELEPHONE NUMBER (INCLUDING AREA CODE)

EMAIL ADDRESS

INSTRUCTIONS FOR RESPITE ASSESSMENT NOTIFICATION

When do I use this form?

You send this letter to the client at least 60 days prior to their annual CARE assessment and POC meeting.

Who do I send this letter to?

This notification letter is only sent to individuals in the Basic and Basic Plus Waivers.

Do I send this form out to the client more than once?

No, this is a one-time only notification to the client advising them of the change in the way DDD determines the amount of respite available to the client's caregiver.

Do I send this letter to someone who does not express a current desire for respite care?

Yes, even though the individual may not express a current need for respite care, this assessment should be completed in conjunction with the CARE assessment so that an individual's assessed personal care and respite care needs can be met at any time, and to ensure that the individual is able to meet the minimum waiver eligibility requirement of receiving a monthly waiver service.